

INSTRUCTIONS FOR
UPDATING INFORMATION ON ADDRESS AND/OR NAME

IMPORTANT: The Clerk of Superior Court must have your most current mailing address. Pursuant to A.R.S. §25-322 a change of address must be submitted in writing within 10 days of the address change. This is particularly important if you are to receive support payments, restitution payments, and/or are representing yourself.

You can file this form with the Clerk's Office in the following ways:

- Take the original and one copy of the Update Information on Address and/or Name form to any of the Clerk of the Court filing counters located at:

PHOENIX
Clerk of the Court
201 W. Jefferson
Phoenix, AZ 85003

MESA
Clerk of the Court
222 E. Javelina
Mesa, AZ 85210

SURPRISE
Clerk of the Court
14264 W. Tierra Buena Lane
Surprise, AZ 85374

- Mail the original Update Information on Address and/or Name form to the Clerk of the Court at any of the addresses listed above. (You may want to make a copy of the form for your records.)
- Fax the Update Information on Address and/or Name form to the Clerk of the Court. For Child Support and/or Spousal Maintenance fax to 602-506-1937, Attention: File Maintenance; for Restitution fax to 602-506-5127; and for all other updates fax to 602-506-7684.

Name of Party Updating Information: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner/Plaintiff

CASE NUMBER: _____

ATLAS NUMBER: _____

Name of Respondent/Defendant

UPDATE INFORMATION ON

☐ **ADDRESS** and/or ☐ **NAME**

If your address is Court Order protected DO NOT use this form.

I UNDERSTAND:

1. **This Notice is to tell the Clerk of the Court that my address or name has changed. This form cannot be used if I want to legally change my name.**
2. Address and name changes that are not sealed or confidential will be entered on both the support payment and the court's automated system, and will be made public record, which means it is available to the public.
3. I may only submit changes for my own address and name.

INFORMATION I WANT TO CHANGE: (PLEASE PRINT)

My name was: _____

My current name is: _____

My old address was: _____

(Street Address, City, State, Zip Code)

My new address is: _____

(Street Address, City, State, Zip Code)

My new mailing address is: _____

(if different than above) _____

(Street Address, City, State, Zip Code)

My e-mail address (optional) _____

My current telephone number is: (optional) (_____) _____ My date of birth is: (optional) _____

If there is an order for payments through the Clearinghouse for:

☐ Child Support and/or Spousal Maintenance fax this form to **602-506-1937**

☐ I am interested in direct deposit for Child Support and/or Spousal Maintenance. Please send me the information.

If there is an order for payments through the Clerk of the Superior Court for:

☐ Restitution fax this form to 602-506-5127

All other updates fax this form to 602-506-7684

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature of Person Requesting Change

Internal use only: change made to the following systems: ☐ iCIS/Docket ☐ Child Support ☐ RFR